

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11515

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:

County HOWARDCity or town HARWOOD PARK - RURAL

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

HATTIE V BROOKS4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED8. (b) Name of husband or wife late FRED A. BROOKS7. Birth date of deceased (mo., day, yr.) FEB. 22, 1883 8. (c) If alive, give age years8. AGE: Years 65 Months 9 Days 0 If less than one day hrs. min.9. Birthplace FREDERICK, MARYLAND
(Town, county, and state)10. Usual occupation SALES LADY11. Industry or business JULIUS GUTHMAN & CO12. Name FRANK RIDENOUR13. Birthplace FREDERICK, MD14. Maiden name ELLA MOORE15. Birthplace FREDERICK, MD16. Informant Mrs MARY HOODAddress 7000 Beechfield Ave HARWOOD PK17. BURIAL Date thereof NOV 25 '88
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory LOUDON PARKLocation 3801 FREDERICK AVE18. Funeral director Henry H. WitzkeAddress 4101 Elmwood Ave19. Nov 23 1948
(Date record by registrar)A. W. Redden
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MDCounty HOWARDCity or town HARWOOD PARK - RURAL
(If outside city or town limits, write RURAL and give nearest town)Street No. 7000 BEECHFIELD AVE
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

213-12-8362

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 22 1888 at 7 1/2Nov 22 1948 at 20122 1948and that I last saw her alive on at no time 19

Immediate cause of death

Pulmonary edema 10 min DURATIONHypertension, cardio 10 yrs DURATION
vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address Ellicott City, MD Date signed 11-22-48

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11516
93d

F.M. No. G 118 NOV 30 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County: Howard

City or town: Ellicott City, Maryland

(If outside city or town limits, write RURAL and give nearest town)

October 31, 1948

How long in above place of death?

Hospital, institution, or street address where death occurred:

Piney Clinic, Ellicott City, Md.

How long in hospital or institution? SINCE October 31, 1948

3. (a) FULL NAME

George P. Connelly

4. Sex: male | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: Nannie L. Connelly

7. Birth date of deceased (mo., day, yr.): May 19, 1874

6. (c) If alive, give age: 69 years

8. AGE: Years: 74 Months: 7 Days: -2 If less than one day: hrs: min: 0

9. Birthplace: Seneca, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER: 12. Name: Emily Connelly
13. Birthplace: N. C.

14. Maiden name: Emily Karsler
15. Birthplace: N. C.

16. Informant: Mrs. George Connelly
Address: Rising Sun Rd.

17. Burial: Cemetery or mausoleum: Brookview
Date thereof: Nov 24, 1948
(Burial, cremation, or removal, Which?)

Location: Rising Sun Rd.
18. Funeral director: J. E. Tyson
Address: Rising Sun Rd.

19. Date rec'd by registrar: Nov. 22, 1948
John B. Longham
Registrar
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Carroll Co.

City or town: Rising Sun Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war: ✓

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOVEMBER 22, 1948 at 2:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31, 1948, to NOVEMBER 21, 1948 and that I last saw him alive on November 21, 1948.

Immediate cause of death:

Hypostatic Pneumonia

Due to: Cardiac decomposition

Due to: Cardiovascular disease

Other conditions: Cerebral

Cerebral Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

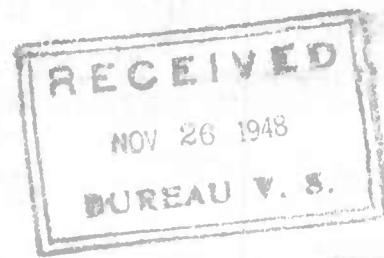
Means of injury:

Injured at work?

23. SIGNATURE: Dr. J. Taylor, M.D.

M. D. or other

Address: Date signed:



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11517

CERTIFICATE OF DEATH

93d
Reg. Distr. No. 193

1. PLACE OF DEATH: Howard
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 27 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

3. (a) FULL NAME
 WARREN HERBERT

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married
6. (b) Name of husband or wife..... Gertie E. Herbert		
7. Birth date of deceased (mo., day, yr.) Feb 'Y 26, 1874		
8. AGE: Years 74 Months 8 Days 19 If less than one day hrs. min.		
Howard Co. Maryland		
9. Birthplace..... (Town, county, and state) Laborer		
10. Usual occupation.....		

MOTHER FATHER	11. Industry or business	John Herbert
	12. Name.....	Maryland
MOTHER FATHER	13. Birthplace	Sarah Warfield
	14. Maiden name.....	Maryland
MOTHER FATHER	15. Birthplace	Mrs. Gertie E. Herbert
	16. Informant.....	Mt. Airy, Md.

17. Burial	Date thereof..... 11-17-48
(Burial, <u>where</u> <u>when</u> ?)	(month) (day) (year)
Cemetery.....	Church Of God
Location.....	Winfield, Carroll Co. Md.
18. Funeral director.....	C. M. Waltz
Address	Winfield, Md.
19. (Date rec'd by registrar)	S. Rock Marin

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 Rural - Mt. Airy
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION
 20. DATE OF DEATH..... November 15 48 at 4A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Nov 15 48 to Nov 15 48
 and that I last saw h... in alive on at no time at no time

Immediate cause of death.....
Bronchitis myocarditis 5 yrs

Due to.....

Due to.....
Pulmonary edema 1 hr

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

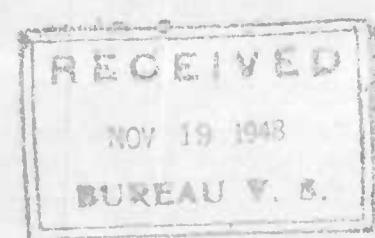
23. SIGNATURE.....

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address.....

Date signed.....

11-17-48 Alpha H. Hubert M.D. 11-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11518

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

Howard

County

Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Franklin Seaver Kendall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Married

B. (b) Name of husband or wife

Mable Crawford Kendall

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 13, 1873

8. AGE:

Years
75Months
4Days
23

If less than one day

..... hrs. min.

9. Birthplace

New York

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

12. Name

Benjamin F. Kendall

13. Birthplace

Mass

14. Maiden name

Elizabeth A. Sargeant

15. Birthplace

England

16. Informant

Mrs. F. S. Kendall

Address

Clarksville, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

St. Marks

Cemetery or crematory

Highland, Md

Location

F.C. Higinbotham

18. Funeral director

Address

Ellicott City, Md.

19. 11-8-48

19

(Date rec'd by registrar)

Marie A. Whittaker

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Howard

City or town

Clarksville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

-

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948 19

12.10A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 14 1946 to Nov. 5 1948

and that I last saw him alive on Nov. 5 1948

Immediate cause of death

acute cardiac failure

Due to arteriosclerotic heart disease

Due to generalized arteriosclerosis

Other conditions benign prostatic hypertrophy

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

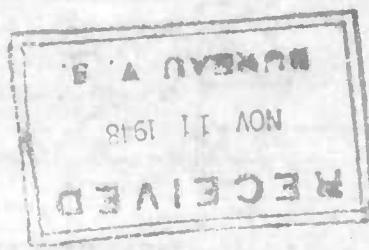
Charles S. Whittaker, M.D.

M. D. or other

Address

Clarksville

Date signed 11-8-48



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d
11514
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address. Simpsonsville, Howard Co., Md.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

FREDERICK

LANG

3 (b) If veteran, name war

3 (c) Social Security Account
No.

4. Sex
male

5. Color or race
white

6 (a) Single, married, widowed, or
divorced
married-separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1884

8. AGE: Years 64 Months 8 Days 18 If less than one day
hr. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual Occupation. Laborer

11. Industry or business

12. Name. John Lang

13. Birthplace Bavaria

14. Maiden Name. Sophie Egner

15. Birthplace Germany

16 (a) Informant. Spring Grove Hosp. Records

(b) Address

17 (a) Burial (b) Date thereof 11/29/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory. Baltimore

Location. Belto, Md.

18 (a) Funeral director C. J. Gunning, Son

(b) Address. 1938 E. Lafayette Ave.

19 (a) Nov. 29, 1948 (b) G. W. Hedrick
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Howard

(c) City or town Simpsonsville,
(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1948, a 10.15 a.m.

21. I certify that I took charge of the remains described above, held an

Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came
to his death on the day stated above, and death in my
opinion resulted from: natural causes accident , suicide ,
homicide , undetermined and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Coronary arteriosclerosis
Myocardial degeneration
Due to and scarring

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary or contributing cause of
death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public
place? While at work?

(d) Means of injury

23. Signature. George S. Merrill, M.D.
Medical Examiner

Date signed 11/26/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

11521

1. PLACE OF DEATH: County <i>Howard</i> City or town <i>Elkhridge</i> (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place of death? <i>life</i>			State <i>MD</i> County <i>Howard</i>		
Hospital, Institution, or street address where death occurred: <i>1956 Furnace ave</i>			City or town <i>Elkhridge</i> (If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or institution? <i>—</i>			Street No. <i>—</i> (If rural, give LOCATION)		
3. (a) FULL NAME <i>Albert Franklin Taylor</i>			2. (a) If veteran, name war <i>none</i>		
4. Sex <i>Male</i> 5. Color or race <i>Col</i> 6.(a) Single, married, widowed, or divorced <i>Married</i>			3. (b) Social Security Number <i>none</i>		
6.(b) Name of husband or wife <i>Rosie Mary Taylor</i>			MEDICAL CERTIFICATION		
7. Birth date of deceased (mo., day, yr.) <i>Feb 9 1885</i>			20. DATE OF DEATH <i>Nov 8 1948</i> at <i>8:20</i>		
7. (c) If alive, give age <i>67</i> years			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <i>Aug 1 1948</i> to <i>Nov 8 1948</i> and that I last saw h. <i>alive</i> on <i>Nov 8 1948</i>		
8. AGE: Years <i>63</i> Months <i>9</i> Days <i>1</i> If less than one day <i>hrs. 00</i> min. <i>00</i>			Immediate cause of death <i>myocardial</i>		
9. Birthplace <i>Davidsonville</i> (Town, county, and state)			Due to <i>Senile arteriosclerosis</i>		
10. Usual occupation <i>laborer</i>			Due to <i>Stenocardia</i>		
11. Industry or business <i>various</i>			Due to <i>St. Hemiplegia</i>		
12. Name <i>Spencer Taylor</i>			Other conditions		
13. Birthplace <i>Carolina S. Tri</i>			(Include pregnancy within 3 months of death)		
14. Maiden name <i>Marie Anna Hollar</i>			Major findings of operations <i>none</i>		
15. Birthplace <i>Davidsonville, Md.</i>			Autopsy results <i>no</i>		
16. Informant <i>John M. Taylor wife</i>			Date of op. <i>—</i>		
Address <i>1956 Furnace ave Elkhridge, Md.</i>			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial <i>Burial</i> Date thereof <i>Nov 11 1948</i> (Burial, cremation, or removal. Which?) (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following:		
Cemetery or crematory <i>Arturus Memorial</i>			Accident, suicide, or homicide Date of <i>—</i>		
Location <i>—</i>			Where did injury occur? (City or town) (County) (State)		
18. Funeral director <i>Mrs Katie R. Williams</i>			Injured at home, farm, industry, public place (where?)		
Address <i>322 N Schrodell St</i>			Means of Injury Injured at work?		
19. (Date rec'd by registrar) <i>Nov 9 1948 A.W. Hether</i>			23. SIGNATURE <i>M. A. Brown</i> M. D. or other <i>—</i>		
			Address <i>—</i> Date signed <i>11/8/48</i>		

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11522

HLM No. G 118 DEC 20 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 771 197

93d

1. PLACE OF DEATH:

County Howard
City or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m c married6. (b) Name of husband or wife Alvin Bell Thomas7. Birth date of
deceased (mo., day, yr.)

8. (c) If alive, give age..... years

1907

8. AGE: Years 41 Months # Days 1 If less than one day
..... hrs. min.9. Birthplace Howard Co Md
(Town, county, and state)10. Usual occupation Farmer Laborer11. Industry or business —12. Name George Thomas13. Birthplace MD14. Maiden name unknown15. Birthplace MD16. Informant Leonard SlaneyAddress Sykesville MD17. Burial Date thereof 12-4-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory West LibertyLocation Alpha MD18. Funeral director J.C. Neg. embal. & casketAddress Elliot City MD19. Date rec'd by registrar Dec. 4 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
City or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1948 at 3 15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1948 to November 30 1948and that I last saw him alive on at my home on 19

Immediate cause of death

Cardiomyocardial Degeneration 12 hrsDue to Acute Alcoholism DURATION 1 day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Elliot City MD Date signed 11-3-48

